V. S. No. 2 50M—5-42 Rev. 5-17-39		THEALTH OF MISSOURI STIFICATE OF DEATH State File No. 36839
≥ I X32873	Registration District No. 455 Primary Registration	District No. 30/1 Registrar's No. 40
A PERMANENT RECORD	1. PLACE OF DEATH: (a) County (b) City or town (if ornide city or town limits, write "RURAL" and nume of township (c) Name of hospital or instinction:	2. USUAL RESIDENCE OF DECEASED: (a) State
ANENT	(Prot in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(d) Street No. (If rural, give location) ber (e) Citizen of foreign country?
	years, months or days)	If yes, name country.
A PEI	3. (g) PRINT FULL NAME LAS	MEDICAL CERTIFICATION 20. DATE OF DEATH: Month 9 00 day 12
	3. (b) If veteran, 3. (c) Social Security name war. No. No.	year / 2 hour minute M.
INK—MAKE	4. Sex 20 5. Color or race 6. (a) Single, widowed grant	ied. 10-15 , 1942 to 11-11 , 1942 to 11-11-11-11-11-11-11-11-11-11-11-11-11-
CK IN	6. (b) Name of husband or wife	re if and that death occurred on the date and hour stated above. Duration Duration
BLA	7. Birth date of deceased (Month) (Day) (Year	negaritis ?
ADING	8. AGE: Years Months Days If less than one day	Due to
E UNF	9. Birthplace (City, town, or county) (State or foreign county) 10. Usual occupation	y) Other conditions. (Include pregnancy within 3 months of death)
WRITE PLAINLY—USE UNFADING BLACK	11. Industry or business 12. Name Willis Anderson 13. Signification	Major findings: Of operations Underline the cause to which death
PLAI	Mighigh name (1), town, or country (State or foreign country	y) Of autopsy should be charged statistically.
RITE	(State or foreign county) (State or foreign county)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)
-	(b) Address (ashallton mo	(b) Date of occurrence
	17. (a) (Burial, cremation, or removal) (b) Date thereof	(c) Where did injury occur?
,	18. (a) Signature of Experial director. The signature of Experial Control of the Signature of Experimental Control of Control	While at work?
	19. (a) 17-41.2 (b) Mar track Raffich	23. Signature William . (M. D. osother) Address Carrollton No Date signed 1/17/
	(Licensed Embalmer	s Statement on Reverse Side)

Swiot South Officer No. 8,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by	
	, Registered Apprentice No	
working under my personal supervision.	\sim	

Signed Ben W. Hebson

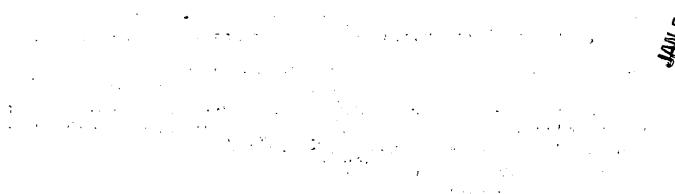
Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

' If this body is not embalmed, fact should be so stated above.

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State of	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	State File No
County of	FFIDAVIT FOR CORRECTION OF A RECO	RD Local Registrar's No
	, 194; before 1	
	, who, uponoa	th, states that the original record of death
for Charles and	erson, died nou 14	19. 2 in the State of
Missouri, and which was filed at	on	. 19 should be corrected as follows:
Item NoShould re	ad Oct. 22, 1881	
Instead of Oct	21, 1874	
	ad	
Instead of		
Item Noshould re	ad	
Instead of		
Item Noshould re	ad	
Instead of	<u>.</u>	
Item Noshould re	ad	
Instead of		
Item Noshould re	ad	
Instead of	·	
Item Noshould re	ad	
Instead of		
Item Noshould re	ad	
Instead of		
The above is true to the best of m	y knowledge, information and belief	
(SEAL)	Affiant Esvin	e Mack Dephew Relationship.
		plain, Chicago Ill
	2042 Celian	Present Address.
	11 A/2	Te () 77-
Subscribed and sworn to before me	this day of	71 10 20 10 10 10
My Commission expires	73 (san	Notary Public.



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